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Contributors, subscribers and readers will find important information on the sixteenth advertising page following the reading matter.

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THIS MEANS BUSINESS—READ IT!

There was described in a recent issue of the JOURNAL the formation of the Volunteer Medical Service Corps. This Corps is designed to furnish an emergency medical organization, auxiliary to the medical establishments of the Army and Navy, for such military and civic duty as is not otherwise provided for. Members are to be those physicians who would be accepted for the Medical Reserve Corps, were it not for physical disability, over military age (55), essential public need, essential institutional need, or dependents. Women physicians are eligible. Members must be licensed graduates in medicine, and must apply for membership on regular blanks which will be furnished by county secretaries or from the JOURNAL office. Appropriate insignia will be adopted and members will wear it. In the application is included a detailed statement of training, experience, scientific and other aptitude, and special availability for special service. In this last are included service as consultant, institutional work, local or medical advisory boards, rehabilitation of rejected registrants, services to needy families of enlisted men, sanitation, and any other special service likely to be needed.

We have urged every doctor to make the need for Army and Navy medical officers a first claim on his attention. That the state of California is well represented by the enrollment thus far is shown by the following table:

County	Registers about	Number in service	Percent-age
Alameda	528	51	9.6
Amador	12	1	8.3
Butte	38	2	5.2
Contra Costa.....	47	9	19.0
Eldorado	8	1	12.5
Fresno	133	9	6.7

Glenn	13	2	15.3
Humboldt	42	4	9.5
Imperial	38	3	7.8
Inyo-Kern	73	11	15.0
King-Lake-Lassen	26	4	15.3
Los Angeles.....	1549	220	14.2
Madera	32	0	0.0
Marin	33	8	24.2
Mendocino	31	2	6.4
Merced	29	3	10.3
Modoc	6	3	50.0
Monterey	32	2	9.3
Napa	56	2	3.5
Nevada	11	1	9.0
Orange	86	6	6.9
Placer	31	4	12.9
Plumas	11	1	9.0
Riverside	79	10	12.6
Sacramento	165	14	8.5
San Benito.....	11	0	0.0
San Bernardino.....	144	18	12.5
San Diego.....	74	38	51.3
San Francisco.....	1241	214	17.2
San Joaquin.....	100	7	7.0
San Luis Obispo.....	33	4	12.1
San Mateo.....	36	5	13.8
Santa Barbara.....	60	8	13.3
Santa Clara.....	170	19	11.1
Santa Cruz.....	45	5	11.1
Shasta	21	1	4.7
Siskiyou	30	1	3.3
Solano	35	5	14.2
Sonoma	70	6	8.5
Stanislaus	50	4	8.0
Sutter	9	0	0.0
Tehama	18	2	11.1
Trinity	5	3	60.0
Tulare	51	6	11.7
Tuolumne	12	1	8.3
Ventura	31	7	22.5
Yolo	22	1	4.5
Yuba	12	3	25.0

Calaveras, Colusa, Del Norte, Mariposa, Mono, Sierra, Yosemite..... 26

Not the absolute figures but the percentages

are of special interest here. How is your county represented? If it is not equal to the percentage allotment for the entire state, which means an average of 20 per cent. for each county, are *you* to blame? Why should not your county have its just and equitable proportion of medical officers? Why should not every county go beyond its quota? If your county percentage is below the allotment, why are *you* not enrolled in the Medical Reserve Corps?

But suppose you are not in uniform and are not commissioned in either the Army or the Navy Reserves, and you *have* a legitimate reason. And you are able and willing to do what you can in your own location even though circumstances make it impossible for you to accept the call to active duty. *Then apply at once for enrollment in the Volunteer Medical Service Corps.* If you are really entitled to exemption from the Medical Reserve, you will be enrolled here. It is for such as you, and is to give you a chance to render needed and patriotic service of real value and with proper recognition and insignia. It is your duty and honor to enroll. Do it now.

Think this over carefully. Send for detailed literature of the Volunteer Medical Service Corps. The physicians of the state have responded admirably thus far to the call for active duty. Here is the opportunity and call for those who for any just reason cannot go to full active duty. Do not pass it by. Enroll now. Shortly you will sadly need the uniform or the insignia of this Corps. Get it now.

IMPORTANCE OF RED CROSS HEALTH CERTIFICATES.

All persons employed by the Red Cross in any official capacity abroad must have a careful physical examination and certificate from a licensed physician. Usually the examining physician will be the usual medical attendant of the applicant. Nearly always there is a tendency for the examiner to feel that he should be lenient and give the best possible interpretation to his findings. Against any such feeling all physicians are hereby seriously warned. These Red Cross health certificates are confidential reports from the physician to the Red Cross. They receive much attention and carry much influence in determining whether the applicant shall be accepted.

It is the part of honesty and real patriotism for the examiner to keep constantly in mind the importance of his function and the patriotic necessity for a true and accurate report. The Red Cross relies on these certificates and therein on the integrity and care of the examiner. An ill-considered or too optimistic report will often mean the physical breakdown under service conditions of a person who should never have been sent abroad. Such breakdown means large expense in cash to the Government, and means the withdrawal of bed space in hospital, and of medical and nursing service which are urgently needed for others. It means also the wastage of money, time and effort

on the part of the Red Cross in trying to obtain qualified workers.

In all examinations for the Red Cross the physician should exercise the most scrupulous regard for ascertaining and presenting the real facts of the case. More even than in an insurance examination is this necessary because of the patriotic features involved and the serious consequences which may ensue if an applicant is wrongly certified as mentally and physically qualified for service. Regular medical examiners will be or have been appointed in cities and towns where needed by the Red Cross. If these examiners are found unsatisfactory and their reports inaccurate, others will be appointed in their places.

THE TREATMENT OF DRUG ADDICTION.

The operations of the Harrison narcotic law have brought to light many cases of unsuspected drug addiction. This is in addition to the cases of rather common occurrence in the Oriental population and other recognized groups. Yet the fact remains, in spite of the current impression that drug addiction is excessively common, that there are probably few accurate data available and that the actual number is really unknown. It has been estimated that there are not over 175,000 addicts in the United States. This may be far too small but even thus, the condition constitutes a serious problem and demands more study than the average physician has given it. Drastic regulation has doubtless failed to reduce the number significantly and we are forced to the conclusion that it is necessary for the physician to be better informed in proper treatment and in the seriousness of the condition.

This situation has led many of the better medical schools to establish lectureships on drug addiction, in order that medical students may have definite and thorough instruction in this important subject. There is serious need, however, in addition to this, that certain problems be carefully studied and data accumulated on them. More information is needed as to the incidence of the condition, as to the causes for it, and as to the mental and psychological attributes of the condition. These phases might well be taken up in the program of the Society for Mental Hygiene. Proper education of the young is certainly necessary if they are successfully to avoid contracting these practices.

It is essential that drug addiction should always be treated in proper institutions or hospitals, and that the course be prolonged. The special type of treatment has been described and discussed in medical literature quite fully. There are, however, certain considerations which seem to have lacked due emphasis.

Many physicians are under the impression that when a drug addict has been taken off the drug, the cure is completed. Such, of course, is far from the fact. The real cure is only beginning at this point. It is absolutely essential to establish a psychological state in the patient as well as a physical absence of the drug. Otherwise the addict will remain an addict and return to his drug at the first opportunity or temptation. Many opium addicts